

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1287053

#

☐ Termination – See Part 5

List I.D. number:

#

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

Date Stamp

**CALIFORNIA
FORM 410**

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

SEP 25 2014

For Official Use Only

OCT 03 2014

1. Committee Information

NAME OF COMMITTEE

Milpitas Police Officers Association PAC

STREET ADDRESS (NO P.O. BOX)

1313 N Milpitas Blvd., Suite 161

CITY

Milpitas

STATE

Ca

ZIP CODE

95035

AREA CODE/PHONE

408-890-1476

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

elsabuchanok@yahoo.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Elsa Buchanok

STREET ADDRESS (NO P.O. BOX)

1313 N. Milpitas Blvd., Suite 161

CITY

Milpitas

STATE

Ca

ZIP CODE

95035

AREA CODE/PHONE

408-890-1476

NAME OF ASSISTANT TREASURER, IF ANY

Jennifer Napoutan

STREET ADDRESS (NO P.O. BOX)

1313 N. Milpitas Blvd., Suite 161

CITY

Milpitas, Ca

STATE

Ca

ZIP CODE

95035

AREA CODE/PHONE

408-890-1476

NAME OF PRINCIPAL OFFICER(S)

Tyler Jameson

STREET ADDRESS (NO P.O. BOX)

1313 N Milpitas Blvd., Suite 161

CITY

Milpitas

STATE

Ca

ZIP CODE

95035

AREA CODE/PHONE

408-890-1476

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

9/23/14
DATE

By

Elsa C. Buchanok
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov